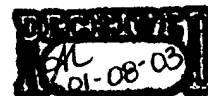


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**FACSIMILE COVER SHEET**

TO:	Examiner T. Nguyen U. S. Patent & Trademark Office Group Art Unit 2182	
FROM:	Andrew D. Mickelsen, Reg. No. 50,957	
RE:	U.S. Application No. 09/215,194 Atty. Docket No.: 00862.002632	
FAX NO.:	(703) 746-7238	
DATE:	January 8, 2003	NO. OF PAGES: 22 (including cover page)
TIME:		SENT BY:

BEST AVAILABLE COPY**FORMAL PAPERS****Attachments:**

- 1) Amendment After Final Rejection Transmittal
- 2) Amendment After Final Rejection

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Response Under 37 CFR § 1.116
Expedited Procedure - Group 2182

In re Application of:

HIDEYUKI IKEGAMI, et al.

Application No.: 09/215,194

Filed: December 18, 1998

For: IMAGE FORMING APPARATUS AND CONTROL
METHOD FOR THE SAME

Docket No.

00862.002632

Examiner: T. Nguyen

Group Art Unit: 2182

Date: January 8, 2003

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Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 50,957

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